



March 25, 2010

Darryl Peters, Interim Director
YWCA Glendale
735 East Lexington Drive
Glendale, CA 91206

Re: Performance Assessment Report (Grant Award #DV09068539)

Dear Mr. Peters:

I want to thank you and the YWCA Glendale staff for time spent with me during the Performance Assessment of your Domestic Violence Project (DV09068539) grant on 1/28/2010. It was a pleasure to tour your office sites as well as visit your comfortable and well-maintained shelter.

As we discussed, the following findings and corrective actions are necessary in order to bring your project into grant compliance:

1. Operational Documents

Finding: The agency did not have a copy of the approved Grant Award Agreement and DV Program Guidelines.

Citation: Cal EMA Recipient Handbook section 1320 states, "the Request for Applications (RFA) must be accessible by the program on-site (A copy on your computer's hard drive or an internet link to the CalEMA website is acceptable). These key documents contain the applicable guidelines that define the terms of the program. Failure to adhere to these requirements, i.e. enabling legislation, funding regulations, service standards, program guidelines, etc., may result in the withholding or disallowance of grant payments on current or future CalEMA grants and/or a reduction in funding or termination of the Grant Award and/or the denial of future funding (see Summary of CalEMA's Past Performance Policy CalEMA 2-315). In the event the terms of the program are inconsistent with the provisions of this *Recipient Handbook*, the terms of the program supersede the provisions of this *Recipient Handbook*."

Corrective Action Required: The agency must have immediate access to a copy of the most recently approved RFA and DV Program Guidelines. Complete this effective immediately.



YWCA Glendale
01/28/2010
Page 2

2. California Environmental Quality Act (CEQA)

Finding: The agency did not have an updated memo or record of certification of compliance to California Environmental Quality Act (CEQA) requirements on file.

Citation: Cal EMA (formerly OES) Recipient Handbook section 2153 states, "Applicants selected for funding (Recipients) must certify that their project is in compliance with Public Resources Code 21000 et seq. (the California Environmental Quality Act or CEQA). CEQA may require the preparation of an environmental document by the Recipient prior to commencing the project or program. Recipients should contact their legal counsel and/or the department or agency within their jurisdiction responsible for CEQA compliance for further information about the applicability of CEQA to their project. By signing the Certification of Assurance of Compliance (OES 656), the Recipient certifies that the project is exempt from CEQA or that the Recipient has adopted or certified an environmental document for the project that complies with the requirements of CEQA."

Corrective Action Required: The agency must complete and have certified, a CEQA compliance memo or obtain other written certification from their lead county (or city, such as Santa Monica, etc.) planning agency indicating the project's compliance with CEQA administrative requirements. A copy of this notification is due to Cal EMA no later than **April 30, 2010**.

3. Proof of Authority

Finding: A copy of a written authorization/resolution was not on file as required by the Grant Award.

Citation: Cal EMA Recipient Handbook section 1350 states, "All recipients, except for State Agencies, are required to obtain written authorization from the city council/governing board that the official executing the agreement is, in fact, authorized to do so (e.g. a Resolution, pertinent Minutes, or a letter from the Board Chair). Recipients must maintain this written authorization on file and make it available upon demand. Whenever possible, it is best to use the official's title rather than the personal name to avoid having to seek further authorization from the governing agency if the person named is transferred or leaves an agency/organization."



YWCA Glendale
01/28/2010
Page 3

Corrective Action: Please submit written confirmation to Cal EMA of completion of this requirement no later than **April 30, 2010.**

4. Organizational Chart

Finding: The organization chart was not up to date.

Corrective Action: Please submit an up to date organizational chart to CalEMA of completion of this requirement no later than **April 30, 2010.**

5. Functional Timesheets

Finding: The project does not use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan has not been completed within the last 2 years.

Citation: Cal EMA Recipient Handbook section 11331 states, "All grant-funded personnel must maintain time cards/sheets that indicate, on a daily basis, the actual time worked on each CalEMA project and account for all the time worked by the employee during the pay period."

Corrective Action:

Time sheets must be kept for all split-funded personnel according to Section 2172 of the OES Grantee Handbook. Since the Director position is split funded, functional time sheets or an allocation plan based on a 3-month time study using functional time sheets must be developed. Submit copies of the Director's time sheets for a 3-month period to OES by **June 30, 2010.**

6. Source Documentation – Programmatic

Finding: The project does not have current Operational Agreements as required by the Grant Award Agreement for all outside agency service providers.



YWCA Glendale
01/28/2010
Page 4

Corrective Action: Please provide copy of all current Operational Agreement letters as needed by April 30, 2010.

The work you do for survivors of domestic violence is extremely important and I commend you and your staff for a job well done. Enclosed for your files is a copy of the Performance Assessment form completed during our visit. Again, it was great visiting your agency, shelter and staff.

If you have any questions or concerns, or if I can be of any assistance as you complete the required corrective action, please do not hesitate to contact me at 916.327.8707, or via e-mail at cassandra.burgess-alex@calema.ca.gov.

Sincerely,

Cassandra Burgess-Alex, M.A.
Criminal Justice Specialist I
Domestic Violence Section

Enclosure

cc: CalEMA R&R Logistics section

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
DOMESTIC VIOLENCE ASSISTANCE PROGRAM
PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** DV09068539 **DATE OF SITE VIST:** 01/28/2010
2. **GRANT PERIOD:** 7/1/2009 - 6/31/2010
3. **RECIPIENT/IMPLEMENTING AGENCY:** YWCA Glendale
4. **PROJECT DIRECTOR:** Darryl Peters, Interim Director

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Annette Koscer	Volunteer Coordinator	YWCA Glendale
Darryl Peters	Interim ED/ FO	YWCA Glendale
Raquel Ortiz	Lead Case Manger	YWCA Glendale
Pam Mrazek	Clinical Coordinator, MFT	YWCA Glendale
Liset Estrada	Staff Attorney	YWCA Glendale
Delie R. Bishil	HR Operations/ ESL	YWCA Glendale
Chris Adams	Acct. Clerk	YWCA Glendale

Signature of Program Specialist

Date

Signature of Section Chief

Date

Signature of Project Representative

Date

8/18/2010

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company name | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

4. PROOF OF AUTHORITY (R.H. Section 1350)

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|

Comments:

5. ORGANIZATIONAL CHART

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW	YES	NO	N/A
<ul style="list-style-type: none"> Review the organizational chart. Are all budgeted positions identified? 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
6. <u>Cal EMA MODIFICATION (Cal EMA 2-223)</u>			
<ul style="list-style-type: none"> Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (<i>Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.</i>) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A modification is needed for the following:			
<ul style="list-style-type: none"> Budget changes Change in key personnel Adding/changing additional signers Change goals/objectives, or activities Address change Other 			
Comments:			
7. <u>PERSONNEL POLICIES</u>			
<ul style="list-style-type: none"> Does the project staff have access to written personnel policies as required? [R. H. Section 2130] 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Do policies include: <ul style="list-style-type: none"> Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] Work hours Compensation rates Overtime 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Did the Board approve the agency's current personnel policy? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
8. <u>FUNCTIONAL TIMESHEETS</u>			
<ul style="list-style-type: none"> Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

YES NO N/A

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?

☒ ☐ ☐

 - Name of individual who approves purchases.
Darryl Peters - Finance Director
 - Name of individual who writes checks.
Chris Adams - Acct Clerk
 - Name of individual(s) who signs checks.
Valerie Merritt & Carol Ann Burton- Board Members

Comments:

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?

☒ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

☒ ☐ ☐

Comments:

11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?

☒ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?

☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?

☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

☒ ☐ ☐

Comments:

12. MATCH REQUIREMENTS

- Does the project have a match requirement?

☒ ☐ ☐
- Is the project meeting the match requirement?

☒ ☐ ☐
- Review the supporting documentation to substantiate cash or in-kind match.

☒ ☐ ☐

Comments:

13. EEO POLICY

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

YES NO N/A

- Go over EEO checklist. (Separate document)

☒☐☐

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

B. PROGRAMMATIC REVIEW

YES NO N/A

GENERAL

1. PROGRAM GOALS AND OBJECTIVES

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. PROGRESS REPORT

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Discuss and review the programmatic Progress Report requirements. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

3. SOURCE DOCUMENTATION – Programmatic

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| • Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Review the project's file system and data collection process. | | | |

Comments:

4. OPERATIONAL AGREEMENTS

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| • Does the project have current Operational Agreements as required by the Grant Award Agreement (three years in length)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|

Comments:

5. PROJECT STAFF DUTIES

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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DIRECT SERVICES

1. Maintain 24-hour crisis hotline

- Crisis line staffed 24 hours a day, 7 days a week.
- Documentation procedures ensure accurate statistical data on progress report (PR).
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Counseling to adult DV victims

- Free individual and group counseling provided to adult DV victims.
- If counseling referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Business Center

- Business center open during routine business hours.
- Staff coverage provided during lunchtime and staff meetings.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Emergency Shelter

- Physical shelter exists
- Emergency shelter provided to DV victims and their children 24 hours per day.
- Victims and children with disabilities accommodated.
- Children's services provided.
- Accommodations for schooling made while children are in shelter.
- Written protocol for reporting suspected child abuse in place.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

5. Emergency food and/or clothing

- Emergency food and/or clothing provided to DV victims and their children.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
• If emergency food and/or clothing is referred, OA on file with service providers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Comments:			
6. 24 hour emergency response to Law Enforcement (LE)			
• Written protocol in place to address LE referrals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Current OA on file with local LE.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documentation procedures ensure accurate statistical data on PR.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Comments:			
7. 24 hour response to hospital emergency rooms			
• Written protocol in place to address emergency room referrals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Current OA on file with local emergency rooms.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Documentation procedures ensure accurate statistical data on PR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Comments:			
8. 24 hour transportation to shelter or other safe location			
• Emergency transportation provided 24/7 to shelter to other safe location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Comments:			
9. Counseling to children of DV victims			
• Free, age-appropriate counseling provided to children of DV victims.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If counseling is referred, OA on file with service providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documentation procedures ensure accurate statistical data on PR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Comments:			
10. Court and Social Service Advocacy for DV victims			
• Victim advocacy to social services agencies provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW	YES	NO	N/A
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- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Court accompaniment provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

11. Legal Assistance

- | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Legal assistance with TRO's and other protective and/or custody orders. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If legal assistance is referred, OA on file with service providers. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

12. Local community services

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Involvement in local DV Council or other collaborative partnerships. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Referrals made to other agencies in the DV services network. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

13. Household establishment

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| • DV victims receive assistance establishing a new residence. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If household establishment assistance is referred, OA on file with service providers. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

40-HOUR TRAINING

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Can the project ensure advocates working with victims meet the requirements of a "domestic violence counselor" pursuant to Evidence Code §1037.1(a)(1)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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Comments:

ADDITIONAL REQUIREMENTS

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project have a children's program in their shelter facility per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 5. Does the project have a documented policy for the handling and storage of confidential client information per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have adequate policy and procedures, approved by the Board of Directors, to protect the agency from legal liability, including: | | | |
| • Up to date bylaws which specify minimum/maximum number of, and formal process for selecting, members of the Board of Directors; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Up to date personnel policies which include grievance procedures, leave policies, work hour and benefit policies, regular staff evaluations, and policies for setting salaries and increases. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

C. SUPPLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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California Emergency Management Agency
EEO CHECKLIST - B

For Federally Funded CBOs and All State Funded Recipients (Monitoring/Site Visits)

RECIPIENT(s): YWCA Glendale

IMPLEMENTING AGENCY: YWCA Glendale

GRANT AWARD #(s): DV09068539

FEDERAL \$: 205189

STATE \$: 219072

CONTACT PERSON AT SITE: Darryl Peters

TELEPHONE #: 818-242-4155

E-MAIL ADDRESS: darrylpeters@glendaleywca.org

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (Cal EMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by Cal EMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

California Emergency Management Agency

EEO CHECKLIST - B

<input checked="" type="checkbox"/>	<p>1. EEO POLICY - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.</p> <p>YES <input checked="" type="checkbox"/> (Request a copy of the policy and indicate if has been issued to staff.)</p> <p>NO <input type="checkbox"/> (Provide attachment 1B)</p>
<input checked="" type="checkbox"/>	<p>2. SEXUAL HARASSMENT POLICY - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.</p> <p>YES <input checked="" type="checkbox"/> (Request a copy of the policy.)</p> <p>NO <input type="checkbox"/> (Provide attachment 2B)</p>
<input checked="" type="checkbox"/>	<p>3. DISCRIMINATION COMPLAINT PROCEDURE - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?</p> <p>YES <input checked="" type="checkbox"/> (Request a copy of the procedure.)</p> <p>NO <input type="checkbox"/> (Provide attachment 3B)</p>
<input checked="" type="checkbox"/>	<p>4. NONDISCRIMINATION POSTER - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.</p> <p>YES <input checked="" type="checkbox"/></p> <p>NO <input type="checkbox"/> (Provide attachment 4A)</p>
<input checked="" type="checkbox"/>	<p>5. PUBLICATIONS - Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?</p> <p>YES <input checked="" type="checkbox"/> (Request copy of document)</p> <p>NO <input type="checkbox"/></p>
<input checked="" type="checkbox"/>	<p>6. COORDINATOR - Has the recipient identified a person responsible for coordinating complaints?</p> <p>NAME: Delie R Bishi</p> <p>TITLE: HR Operations</p> <p>PHONE: 818-242-4155 x 213 E-MAIL: deliebishil@glendaleywca.org</p>

California Emergency Management Agency
EEO CHECKLIST - B

<input checked="" type="checkbox"/>	7. FINDINGS OF DISCRIMINATION – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.). YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/>	8. ALLEGATIONS OF DISCRIMINATION – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/>	9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public. YES <input checked="" type="checkbox"/> (Request a copy) NO <input type="checkbox"/> (provide attachment 10A)
<input checked="" type="checkbox"/>	10. LIMITED ENGLISH PROFICIENCY (LEP)* – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc. YES <input checked="" type="checkbox"/> (Request a copy) NO <input type="checkbox"/> (provide attachment 11A)

*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

I hereby certify this EEO Checklist is accurate and complete to the best of my knowledge.

PROGRAM SPECIALIST NAME: Cassandra Burgess-Alex

PROGRAM SPECIALIST TELEPHONE: 916-327-8707

DATE: 1-28-10

COMMENTS:

Upon completion, please send a copy of this checklist to Lisa Abila, EEO Compliance Officer, Cal EMA Headquarters.